

Elstow Lodge Ltd

# Elstow Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Elstow Lodge is a residential care home providing personal care to eight people at the time of the inspection. The service can support up to ten people. Elstow lodge accommodates eight people in one adapted building, it has ten double bedrooms, communal bathrooms, two communal living areas and a shared garden.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. 8 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

The provider had not ensured that recruitment procedures were safe. People were put at risk of harm because Disclosure and Barring Scheme (DBS) checks had not always been completed prior to staff starting work. Employment references had not always been obtained and some staff members had gaps in employment history. This meant that the provider had not ensured staff members employed were of suitable character and had the skills to care for people prior to working with people.

The manager completed audits to monitor the quality of the service. These included medication audits, incident audits and health and safety. However, the service's audit systems were limited to paperwork duties and were not always effective in identifying areas requiring improvement which we found during inspection. This meant there was a lack of continuous improvement within the service.

People were supported with kindness, respect and compassion by a staff team who had gotten to know people as individuals. There was a focus on people making choices about their support and the staff team promoted people to be as independent as possible. People received personalised care and were communicated to in their preferred communication methods.

Despite recruitment checks not being robust the registered manager had systems in place to protect people from potential abuse. People had assessments in place which enabled them to take positive risks. There were enough trained and knowledgeable staff to support people safely and to allow people to do what they wanted throughout the day.

People were supported to take part in a wide array of activities in the community and to take part in daily living skills in the home. Staff members encouraged people to try new things and to be involved in choosing

how they spent their time.

People were positive about the way they were supported with food and drink, people were involved in cooking and preparing meals. People were supported to see health care professionals where this support was needed. People had access to a detailed complaints procedure which was available in accessible formats if people needed to make a complaint.

People and their relatives were encouraged to feed back about their care and support and were involved in service delivery at all levels. The registered manager and the staff team worked with other organisations to ensure good outcomes for people using the service. People were positive about the management of the service. The manager was passionate about putting plans in place to continue to improve the way people were supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to fit and proper persons employed at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Elstow Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Elstow lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. This meant the provider did not know when we would be inspecting.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We spoke with two professionals who regularly visit the service and three relatives to gain feedback on the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment procedures were not always safe. Staff did not always have barring and disclosure checks (DBS) completed prior to staff members start date and were not regularly refreshed. Not all staff members had employment references completed or a full work history in place. This meant that the provider was not ensuring people employed were of suitable character or safe to support people which put people at risk of receiving unsafe or poor care. We discussed this with the provider who assured us they would review their recruitment records for staff and they implemented a reviewed recruitment policy.

The use of unsafe recruitment procedures meant people were placed at risk of harm and this was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us that there were enough staff on shift to support people safely. The registered manager ensured that there was a rota in place with enough staff to support people. There was an agency contract in place to cover sickness and holidays. This system was working well, and the service had not needed to use agency staff often.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel safe, this is my home." A relative said, "I feel [family member] would always be safe at Elstow lodge as the staff support [family member] well."
- Staff received training in safeguarding people from abuse and had a good understanding of how to keep people safe.
- People and staff had access to information about how to report any concerns to the correct authorities.

### Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs and what activities they chose to take part in. These risk assessments covered areas such as health, behaviours that may challenge others, moving and handling and accessing the local area. Staff updated these risk assessments following events that meant people's needs had changed.
- People had risk assessments in place for emergencies such as a fire or extreme staff shortages at the service.
- Staff members completed health and safety and fire safety checks to ensure that the service was safe.

#### Using medicines safely

- People were supported safely with their medicines. One person told us, "The staff give us our medicine." We saw people being supported with their medicines in ways which they preferred, and staff followed good medication administration guidelines.
- Staff received training and competency checks in medicines administration. The staff team and the manager completed audits to ensure that there were no medication errors. One staff member told us, "We have to complete medication training face to face. We also have competency checks and these are reviewed every year with new observations."

#### Preventing and controlling infection

- Staff kept the service clean and the service was fresh and well-maintained. We observed staff to clean communal areas throughout the day.
- Staff had training in infection control and we observed staff following good hygiene practices such as wearing gloves and washing hands throughout the day.
- Staff completed regular checks in areas such as legionella, fridge and food temperatures.

#### Learning lessons when things go wrong

- The registered manager and deputy manager reviewed incidents and accidents and updated people's care plans if any changes were required. Lessons learned were shared with the staff team in handovers and team meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs and people had a detailed care plan in place which promoted people's care needs were met.
- Staff were observed to offer people choice and promote their independence in line with good practise. We spoke with three staff members and all of them had good knowledge of people's care needs and individual care plans.

Staff support: induction, training, skills and experience

- Staff had completed regular training to ensure they had the skills needed to carry out their roles. Staff received induction training when they began employment which they told us was mainly face to face training. One staff member told us, "We get lots of opportunities to do training here." Another staff member told us, "There is lots of training including, medicine and food hygiene, infection control and safeguarding."
- Staff had regular supervisions, meetings with the management team to discuss their work performance, training needs and progress. The registered manager told us, "I see staff every day and communicate with them openly, I also meet with staff on a regular basis for team meetings and supervisions."

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in creating menus and we observed that meal times were relaxed, and people could choose when to eat their meals.
- Staff had a good understanding of how to promote people's choice whilst also supporting people to follow a healthy and balanced diet. Staff monitored people's weight and the manager told us they would refer them to the dietician if they had any concerns.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a broad range of healthcare services including dentists, annual health checks, medical appointments, opticians and speech and language therapy. During inspection we saw a reflexologist visit a person at the home who does weekly sessions with a person in the to help them relax. This was something which the person responded very well to and helped lower their anxieties.
- Where required, information was shared with other agencies such as the local authority, behavioural team and general practitioners. One professional told us, "[Person's name] needs have changed considerably over the years, however the management and staff have been able to adapt their service to ensure they are able

to meet [person's name] whenever their needs have changed."

Adapting service, design, decoration to meet people's needs

- People were happy for us to see their rooms. These were personalised to people's preferences.
- All the areas of the service were large and spacious which allowed people to cook or clean if they chose to do so. The home had easy read displays which gave people information which they could understand such as how to make a complaint.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had completed detailed mental capacity assessments for people for decisions relating to their care and treatment. Where a person was assessed to lack capacity, a best interest meeting had been held and a record completed including the views of relatives and professionals involved with the person. Where needed the registered manager had applied for a DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the care and support they received and with the staff who supported them. Relatives told us they felt staff respected people and provided a high standard of care. One relative told us "My relative is so happy there." Another relative told us, "Staff are very caring."

Supporting people to express their views and be involved in making decisions about their care

- Positive and caring relationships had been developed with people. Staff were observed to interact with people in a kind and friendly manner. Staff understood that their role was to support people to learn new skills and be involved in all aspects of decision making.

- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs. This allowed them to provide a more personalised service.

- People's care records included information on their likes, dislikes and preferred routines. The registered manager told us "Staff have worked here for many years and they know the residents very well." A staff member told us, "We are like a family here, we have all worked here for years and we all work as a team."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to encourage people's independence. We saw one person make their own breakfast, help prepare lunch and visit a shop to purchase a chocolate bar. Another five people accessed a local day opportunity which they enjoyed.

- People's dignity was respected, and personal information was stored securely. We observed staff respected that the service was people's homes by knocking on doors and calling the doorbell.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to participate in the wider community. They were supported to go on activities of their choice or to stay at home if they wished. Some people regularly attended a day centre and records showed they enjoyed and looked forward to this activity. People were supported to attend social events such as clubs, shopping trips, walks and drives. One person told us they enjoyed going to their local pub. One relative told us, "My relative is always out on trips. [Relative name] they always seem busy which [Relative name] enjoys."
- People had lived at the service for many years however had no clear focused goals in place. This meant that people were not always supported to progress their skills and make other achievements.

We have recommended that the provider reviews their current systems to ensure people have opportunity to progress skills and work towards clear goals.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed with regards to people's likes dislikes and preferences. They also identified what people's strengths and interests were as well as areas where they may have needed more support. Staff members used this information to support people in a non-intrusive way.
- It was clear that people were well known by staff and they were responsive to their needs. Staff shared with us information around people's preferences and how they wanted their care to be delivered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included the use of pictorial information, body language, and other verbalisations.
- A keyworker programme was in place, which gave staff the responsibility of working closely with a person to record monthly progress. This included information about what had gone well that, what the person preferred to do, any changes that might be required, and any choices they had made.

- Staff told us they had contact with people's families to update them and gain support and information for people as and when they required it.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure, there had been no complaints made recently. However, the registered manager was confident that they would respond to any complaints formally and investigate where needed. The registered manager had issued quality assurance questions to people and relatives to gain feedback on the care provided and held regular staff and service user meetings.
- People were comfortable and knew how to make a complaint and felt confident that the registered manager would act upon any complaints raised quickly. One relative told us, "I have no complaints. If I did I would go straight to the manager."

#### End of life care and support

- During inspection no one was receiving end of life care. However, people had end of life support plans in place. People had been involved in completing end of life support plans which detailed their wishes and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There was a lack of continuous learning and improvement within the home. People had lived at the service for many years, there was no system in place to monitor people's progression and ensure people were supported to learn new skills or make other achievements. This meant that people were not always supported to progress within the home.
- The service audits focused on paper work duties such as completion of records. This meant there was little ongoing monitoring and review of care delivery. There were no action plans in place demonstrating how the provider was aiming to improve the service for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in their care through key worker meetings and people's relatives were consulted and involved in the care their relative received. The service held regular staff meetings and meetings which people could attend to share feedback.
- Questionnaires were sent out to both people and their relatives to allow people to feedback on the quality of the service. However, feedback was not always evaluated and there was no clear action following these quality questionnaires.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audit tools being used were not always effective and had not identified areas of concern which we had found during the inspection. Audit processes did not cover staff recruitment and there was no robust policy in place which covered recruitment for management to follow to ensure recruitment checks were completed safely and in line with current legislation. This meant that the service was failing to identify areas requiring improvement and improve standards of care.
- The registered manager had reported all incidents and accidents to the relevant authorities promptly and reviewed actions needed to reduce the incident repeating.
- People knew who the management team were and saw them regularly. One relative told us, "Yes I know (managers name) she is good and always available."

We recommended that the provider reviews their current systems to ensure audits can identify areas requiring improvements in line with current legislation and guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and management had positive values for people. Many people had lived in the service for many years and were happy in their home, however there was no clear progression or focused goals for people to ensure people were encouraged to progress.
- The registered manager had a strong presence on the floor. Staff and people knew the registered manager and saw them regularly. One staff member told us, "The [registered] manager and deputy manager are good and listens to us all, we can always speak to them." A relative told us, "The manager is good, I have no complaints at all."

Working in partnership with others

- The manager and staff team worked well with others to ensure good outcomes for people. This included health professionals, advocates and local places of interest which people enjoyed visiting. One professional told us, "The [registered] manager and whole staff team all update me regularly and are able to confidently pass over information to ensure I am kept up to date with [person's name] needs and care."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that recruitment procedures were safe. People were put at risk of harm because Disclosure and Barring Scheme (DBS) checks had not always been completed prior to staff starting work, employment references had not always been obtained and many staff members had gaps in employment history</p>